

**TESTIMONY OF MICHAEL E. DOUGLAS,  
ON BEHALF OF SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM  
BEFORE THE HOUSE COMMITTEE ON APPROPRIATIONS  
SUBCOMMITTEE ON INTERIOR, ENVIRONMENT AND RELATED AGENCIES  
REGARDING FY 2025 APPROPRIATIONS FOR THE INDIAN HEALTH SERVICE  
May 8, 2024**

Chair Simpson, Ranking Member Pingree, and Members of the Subcommittee, my name is Michael E. Douglas. I am a member of the Haida Indian Tribe of Alaska, enrolled with the Central Council Tlingit & Haida Indian Tribes of Alaska, and I am Senior Vice President, Chief Legal Officer for the Southeast Alaska Regional Health Consortium (SEARHC). Thank you for the opportunity to provide testimony regarding FY 2025 appropriations for the Indian Health Service (IHS).

**1. Fund the Mt. Edgecumbe Medical Center Joint Venture Staffing Package.**

SEARHC is a Tribal consortium comprised of 15 federally-recognized Tribes that provides health care services to Alaska Natives, American Indians and other residents throughout Southeast Alaska through a comprehensive network of community clinics, behavioral health facilities, administrative facilities, and the Mt. Edgecumbe Medical Center (MEMC), a major hospital located in Sitka, Alaska that serves much of Southeast Alaska. MEMC is a 25-bed critical access hospital that offers a broad range of medical care services, including acute care, critical care, obstetrics, surgery, perioperative care, as well as outpatient primary and emergency service. The Emergency Department at MEMC is a Level IV Trauma Center staffed 24 hours a day, seven days a week by board-certified physicians, physician assistants, nurse practitioners and registered nurses who specialize in care for patients with serious illnesses and injuries. As SEARHC has often testified to Congress—and this subcommittee—MEMC has long been in dire need of replacement.

Working together with IHS through the Joint Venture Program, and Congress—through critical land transfer legislation for parcels that will house the new facilities—SEARHC is constructing a new 234,000 square foot healthcare facility that will be complete in 2025. The administration’s FY 2025 Budget includes \$47.75 million for the staffing and operations cost package for the new facility. This staffing package is a critical near-final step in a multi-year effort that has required deep coordination between SEARHC, the federal Executive and Legislative branches, Tribal governments, and the State of Alaska. The result will be significantly improved access to healthcare at state-of-the-art facilities for the people of Southeast Alaska.

SEARHC urges the Subcommittee to support the Administration’s request for Staffing and Operating Costs for Newly-Constructed Healthcare Facilities, including the requested funding the Mt. Edgecumbe Medical Center.

## **2. Continue Providing Advance Appropriations for the IHS.**

SEARHC wishes to express its continued appreciation for providing advanced appropriations for the Indian Health Service. The Committee should do so again for FY 2025 and for every year until mandatory funding for the Indian Health Service can be secured. It is critical, however, that the advance appropriations funding level accounts for the cost of medical inflation and population growth in Tribal communities. In the current environment, flat funding or nominal increases could result in a decrease in access to care.

## **3. Move the IHS Budget to Mandatory Appropriations and Exempt it from Sequestration.**

The administration proposes to begin moving the entire IHS budget to a mandatory appropriation structure. SEARHC supports this proposal and urges the Committee to do so as well. Moving the IHS budget to mandatory funding is in line with the United States' Trust and Treaty obligations to Alaska Native and American Indian Tribes and people, and will provide an additional measure of stability and support for our healthcare programs.

Similarly, the Committee should protect the IHS budget, as well as the budgets of Tribes and Tribal Organizations that contract or compact with the IHS pursuant to the Indian Self Determination and Educational Assistance Act, by exempting them from sequestration. The IHS is the only major federal healthcare program that is not exempt from sequestration, and the possibility of these cuts undermines the stability and certainty that is needed for planning and operating our programs.

## **4. Conclusion**

SEARHC appreciates the hard work of the Committee in upholding the United States' obligations to Alaska Native and American Indian Tribes and people, even in a difficult fiscal climate. With your steadfast support, Tribal healthcare providers have been making major strides in improving access to high-quality healthcare in high-quality facilities. Supporting the IHS budget, including the Joint Venture staffing package, will continue this legacy.

Thank you again for the opportunity to provide testimony on behalf of SEARHC. I would be happy to answer any questions you may have.